

CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER AUTHORITY

NUMBER: 11-W-00194/1

TITLE: Global Commitment to Health Section 1115 Demonstration

AWARDEE: Vermont Agency of Human Services (AHS)

Under the authority of Section 1115(a)(1) of the Social Security Act (the Act) the following waivers are granted to enable Vermont to operate the Global Commitment to Health Section 1115 demonstration. These waivers are effective beginning October 2, 2013 through December 31, 2016 and are limited to the extent necessary to achieve the objectives below. These waivers may only be implemented consistent with the approved Special Terms and Conditions set forth in the accompanying document. These waivers do not apply to the excluded populations of recipients of long term care services who are served under the Vermont Choices for Care Section 1115 demonstration other than for community rehabilitation and treatment services.

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived in this list, shall apply to the demonstration project for the period beginning October 2, 2013 through December 31, 2016.

1. Statewideness/Uniformity

Section 1902(a)(1)

To the extent necessary to enable Vermont to operate the program differently in different geographical areas of the state.

2. Amount, Duration, Scope of Services

Section 1902(a)(10)(B)

To enable Vermont to vary the amount, duration and scope of services offered to various mandatory and optional categories of individuals affected by or eligible under the demonstration as long as the amount, duration and scope of covered services meets the minimum requirements under Title XIX of the Act and the special terms and conditions.

3. Financial Eligibility

Section 1902(a)(10)(C)(i)(III)

To allow the state to use institutional income rules (up to 300 percent of the Supplemental Security Income payment level) for medically needy beneficiaries electing home-based services in lieu of nursing facility or in lieu of other residential care services in licensed settings while allowing resource limits up to \$10,000.

4. Comparability

Section 1902(a)(17)

To the extent necessary to enable the state to use more liberal income and resource standards and methods for plan groups and individuals.

5. Financial Responsibility/Deeming

Section 1902(a)(17)(D)

To the extent necessary to enable the state to use more liberal income and resource standards and methods for plan groups and individuals whose eligibility is determined under the more liberal standards and methods, resource standards, and requirements that differ from those required under Title XIX. The waiver would specifically exempt the state from the limits under Section 1902(a)(17)(D) on whose income and resources may be used to determine eligibility unless actually made available, and so that family income and resources may be used instead.

To enable the state to disregard quarterly income totaling less than \$20 from the post-eligibility income determination.

6. Payment to Providers

Sections 1902(a)(13), 1902(a)(30)

To allow the state, through the Department of Vermont Health Access, to establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved state plan.

7. Spend-Down

Section 1902(a)(17)

To enable the state to offer one-month spend-downs for medically needy people receiving community-based services as an alternative to institutionalization, and non-institutionalized persons who are receiving personal care attendant services at the onset of waivers.

8. Freedom of Choice

Section 1902(a)(23)(A)

To enable the state to restrict freedom of choice of provider for the demonstration participants to the extent that beneficiaries will be restricted to providers enrolled in a provider network through the Department of Vermont Health Access for the type of service at issue, but may change providers among those enrolled providers.

Demonstration waiver participants enrolled in special programs may only have access to the providers participating in special programs, and will not have access to every Medicaid enrolled provider in the state.

9. Premium Requirements**Section 1902(a)(14)
insofar as it incorporates Section
1916**

To permit Vermont to impose premiums in excess of statutory limits for optional populations as reflected in the special terms and conditions.

10. Redetermination requirements**Section 1902(a)(17)**

To the extent necessary to enable the state to extend the eligibility span of enrollees who will need a redetermination between Oct 1, 2013, and December 31, 2013, to a reasonable date in 2014.